

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

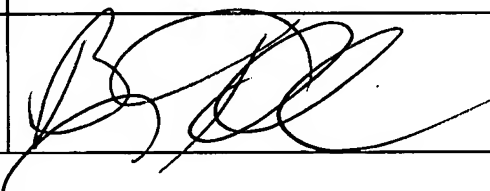
Complete if Known

Application Number	10/522,707
Filing Date	Aug. 10, 2005
First Named Inventor	Tomohiro INOUE et al.
Examiner Name	Brian J. Sines
Group Art Unit	1743
Attorney Docket Number	2946-188
Confirmation Number	7455

ENCLOSURES (check all that apply)

- | | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Declarations by Kazunari Kaneyasu, Tomohiro Inoue, Hideki Okoshi and Takeshi Nakahara |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Brian A. Tollefson, Reg. No. 46,338				
SIGNATURE		DATE	5-21-07	DEPOSIT ACCOUNT USER ID	02-2135

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